

C.L. "BUTCH" OTTER  
GOVERNOR  
GAVIN M. GEE  
DIRECTOR

STATE OF IDAHO  
DEPARTMENT OF FINANCE  
IDAHO COLLECTION AGENCY ACT  
ANNUAL/QUARTERLY NOTIFICATION OF AGENTS/COLLECTORS



terminated agents for the  
quarter please check the box  
below

LICENSE NO. \_\_\_\_\_ DATE: \_\_\_\_\_ *QUARTERLY REPORT - New Agents* YEAR \_\_\_\_\_  
NAME OF LICENSEE \_\_\_\_\_ *JUN 15* \_\_\_\_\_ ☐  
STREET \_\_\_\_\_ *SEP 15* \_\_\_\_\_ ☐  
CITY, STATE, ZIP \_\_\_\_\_ *DEC 15* \_\_\_\_\_ ☐  
NAME OF AUTHORIZED SIGNATURE (Print clearly) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ *ANNUAL REPORT (All Active Agents)*  
\_\_\_\_\_ *MARCH 15, 20* \_\_\_\_\_

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Debt Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

**DISCLOSURES: IF YES, THE AGENT MUST SUPPLY A SIGNED DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT DOCUMENTS.**

COMPLETE COLUMN B - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

COMPLETE COLUMN C - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: Collection, Credit Repair, Debt/Credit Counseling, Debt Buying, Debt Settlement, Financial Services or a Financial Services related business?

**Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.**

**SS# of the Country**  
**Personal Identification**  
**Numbers**

	PLEASE TYPE THE AGENT NAME Alphabetical Order by Location LAST, FIRST, (M)	If Yes ✓ Felony	If Yes ✓ Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	U.S. - SOCIAL SECURITY #	Non-U.S. Individual Identification Number	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
1											
2											
3											
4											
5											
6											
7											
8											
9											

CONSUMER FINANCE BUREAU  
800 PARK BLVD STE 200 BOISE ID 83712  
P O BOX 83720 BOISE ID 83720-0031  
KAREN.CARLYLE@FINANCE.IDAHO.GOV

	PLEASE TYPE THE AGENT NAME <u>Alphabetical Order by Location</u> LAST, FIRST, (M)	If Yes ✓ Felony	If Yes ✓ Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	U.S. - SOCIAL SECURITY #	Non-U.S. Individual Identification Number	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
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40											
41											
42											
	Total										0

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